

COUNTRY PROFILE: TANZANIA

TANZANIA COMMUNITY HEALTH PROGRAMS
DECEMBER 2013









Advancing Partners & Communities

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^{*} Adapted from the Health Care Improvement Project's Assessment and Improvement Matrix for community health worker programs, and PATH's Country Assessments of Community-based Distribution programs.

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ACRONYMS

AIDS acquired immunodeficiency syndrome

ART antiretroviral therapy
ARV antiretroviral drugs

CBD Community Based Distributors
CBO community-based organizations

CBRCHS Community Based Reproductive and Child Health Services workers

CCA Community Change Agents for Malaria

CTC HIV care and treatment clinics
DMPA (IM) Intramuscular Depo-Provera
FAM fertility awareness method

FP family planning

FLHF First Line Health Facility

HBC home-based care

HIV human immunodeficiency virus HTC HIV testing and counseling

IEC information, education, and communication

IRS indoor residual spraying IUD intrauterine device

LLIN long-lasting insecticide-treated bed net

MCH maternal and child health

MOH Ministry of Health

MOHSW Ministry of Health and Social Welfare
MSI Management Systems International
NGO nongovernmental organization

ORS oral rehydration solution

PHDP Positive Health, Dignity, and Prevention approach

PLHIV people living with HIV

PMTCT prevention of mother-to-child transmission (of HIV)

PPH postpartum hemorrhage RCH reproductive and child health

SDM standard days method

SP sulphadoxine-pyrimethamine (for treatment of uncomplicated malaria)

STI sexually transmitted infection

VCT voluntary counseling and testing (HIV)

VHW Village Health Workers

I. INTRODUCTION

This Country Profile is the outcome of a landscape assessment conducted by Advancing Partners & Communities (APC) staff and colleagues. The landscape assessment focused on the United States Agency for International Development (USAID) Population and Reproductive Health priority countries, and includes specific attention to family planning as that is the core focus of the APC project. The purpose of the landscape assessment was to collect the most up to date information available on the community health system, community health workers, and community health services in each country. This profile is intended to reflect the information collected. Where possible, the information presented is supported by national policies and other relevant documents; however, much of the information is the result of institutional knowledge and personal interviews due to the relative lack of publicly available information on national community health systems. As a result, gaps and inconsistencies may exist in this profile. If you have information to contribute, please submit comments to info@advancingpartners.org. APC intends to update these profiles regularly, and welcomes input from our colleagues.

II. GENERAL INFORMATION

1	What is the name of this program*, and who supervises it (Government, nongovernmental organizations (NGOs), combination, etc.)? Please list all that you are aware of. *If there are multiple programs, please add additional columns to the right to answer the following questions according to each community health program.	The Village Health Workers Program was established in the early 1980s by the Ministry of Health and Social Welfare (MOHSW) as a result of the Alma Alta Conference in 1978. Village Health Workers (VHWs) provided home-based preventive services. This system is no longer functioning, but evolved into a group of vertical programs run by a large number of organizations that "employ" the former VHWs and pay them an allowance or stipend. Currently, there are multiple vertical community health programs supported by various organizations. An estimated 60 - 70 organizations implement the Community Health Program across many health areas. The MOHSW is currently redefining the program. The rest of this document will refer to all volunteer health workers as community health workers (CHWs), which is the preferred term of the MOHSW.
2	How long has this program been in operation? What is its current status (pilot, scaling up, nationalized, non-operational)?	The Village Health Workers program gradually declined due to lack of government funding, though a few faith-based programs continued. The first NGO-sponsored community health programs were home-based care (HBC) pilot projects that began in 1996. By 2002, HBC services had been established in 28 districts. By the end of 2006, the services had reached 70 out of 126 districts. In addition, the Red Cross has been implementing programs since 2003. Overall, most programs sponsored by international NGOs have been running for five to ten years. All programs are dependent on external funding.

3	Where does this program operate? Please note whether these areas are urban, peri-urban, rural, or pastoral. Is there a focus on any particular region or setting? Please note specific districts/regions, if known.	Currently, CHWs work mostly in rural areas. There is a presence of HBC providers in nearly all health districts. However, they are not consistently spread across all districts.
4	If there are plans to scale up the community health program, please note the scope of the scale-up (more districts, regional, national, etc.) as well as location(s) of the planned future implementation sites.	It is anticipated that the new CHW system will be launched in the 2014 Tanzanian fiscal year, and will gradually replace the existing NGO-supported CHWs and be expanded nationally. The goal for the new CHW program is to have an adequate number of CHWs trained and supervised in 80% of First Line Health Facility (FLHF) catchment areas by 2025. (See policy document noted under section V, Information Sources.)
5	Please list the health services delivered by CHWs ¹ under this program. Are these services part of a defined package? Do these services vary by region?	Currently, there is no universal package of CHW services. District health centers collaborate with international NGOs to recruit and train the CHWs. Each NGO decides, in collaboration with the relevant department of the MOHSW, what services the CHWs will provide in their district. There are national guidelines for HBC providers and Community Based Reproductive and Child Health Services (CBRCHS) workers, as follows. • Antiretroviral therapy (ART)-related roles of HBC volunteers in all Tanzanian HBC programs include the following: • Preparing clients, family, and community members by setting expectations concerning treatment • Addressing issues of disclosure • Recognizing and linking patients who need referral to HIV care and treatment clinics (CTCs) • Identifying treatment assistants within the household • Discussing issues of safe storage of antiretroviral drugs (ARVs) at home • Monitoring and supporting adherence to ART • Identifying, managing, and referring side effects of ART as well as nutritional issues HBC is being expanded to include a prevention and healthy living approach known as Positive Health, Dignity, and Prevention (PHDP). PHDP includes family planning (FP), psychological health, and prevention of common illnesses for people living with HIV (PLHIV).

¹ The term "CHW" is used as a generic reference for community health workers for the purposes of this landscaping exercise. Country-appropriate terminology for community health workers is noted in the response column.

		 National guidelines state that responsibilities of CBRCHS volunteers are to: Manage CBRCHS activities within the catchment area. Provide family planning services and other selected reproductive and child health services including referrals and follow up within the catchment area. Provide integrated reproductive and child health information, education, and communication (IEC) and basic counseling to community members using interpersonal communication skills. Advocate for RCH rights and services at the community level, and communicate with other health institutions and individuals dealing with similar issues.
		 Collaborate with other stakeholders including village leaders and other formal and informal groups. Services provided vary depending on the parent program; there are a variety of CHWs across Tanzania and the health services they provide depend on the goals of the implementing organization. Some CHWs are Community Based Distributors (CBD) who provide family planning services and commodity provision; some provide water, sanitation, and hygiene education; some provide HBC services for PLHIV including promotion of healthy living, ART adherence counseling, palliative care, and HBC for common illnesses. All CHWs provide referrals for additional services needed despite their specific role.
6	Are FP services included in the defined package, if one exists?	Family planning services are included in the MOHSW draft comprehensive CHW policy. Some CHWs currently do provide family planning services.
7	Please list the family planning services and methods delivered by CHWs.	CHWs provide condoms and pills only (provision of injectables is under discussion), referrals for methods not offered, and method counseling. These may be part of the HBC package, via CBD, or part of the CBRCHS program.
8	What is the general service delivery system (e.g. how are services provided? Door-to-door, via health posts/other facilities, combination)?	CHWs travel door-to-door or meet with clients in community spaces. Individual services such as family planning or HIV HBC are only offered door-to-door. Services provided in community spaces include IEC, screenings, and community mobilization.

III. COMMUNITY HEALTH WORKERS

9	Are there multiple cadre(s) of health workers providing services at the community level? If so, please list them by name and note hierarchy.	funded programs. The most prevalent cadres are (CCA). HBC workers provide home CBDs provide family planning CBRCHS workers deliver fa CCAs work in their own contreated bed nets (LLINs). In addition to these four main provide various services at the are provided on a small-scale of All cadres of CHWs provides.	e HBC providers, CBDs, CBRClebased HIV support. The amily planning education and distributed in the amily planning education and meanmunities to provide malaria presented in the community health we be community level. The services within the country.	sed on national guidelines and in HS workers, and Community Charte family planning commodities without counseling, and provide charteness, there are a variety of other provided by these workers are aplementing organization. There attions.	nange Agents for Malaria within their communities. ild health services. e long-lasting insecticide- er health workers who NGO program specific and	
10	Do tasks/responsibilities vary among CHWs? How so (by cadre, experience, age, etc.)?	Yes. Responsibilities vary depending on both the parent organization and the guidance and requirements established by the district the CHWs are working in. Each CHW cadre provides services that are most needed in each district.				
"	Total number of CHWs in program? Please break this down by cadre, if known, and provide goal and estimated actual numbers. Please note how many are active/inactive, if known.	HBC Workers Currently there are an estimated 50,000 HBC workers who work parttime.	CBDs Information unavailable	CBRCHS Workers Information unavailable	CCAs There are approximately 700 CCAs working in five regions of Tanzania.	

12	Criteria for CHWs (e.g. age, gender, education level, etc.)? Please break this down by cadre, if known.	The majority of projects use the same criteria for CHWs, including: Literate Mix of males and females Accepted by community Selected by a village representative and a government representative who resides in the community					
13	How are the CHWs trained? Please note the length, frequency, and requirements of training. Please break this down by cadre, if known.	HBC Workers HBC workers are trained using a competency-based curriculum that is standardized by the MOHSW. The HBC curriculum is extensive; it includes all topics related to the prevention, care, support, and treatment of people living with HIV and AIDS, consistent with the Positive Health, Dignity, and Prevention approach.	CBDs CBDs are trained using a competency-based curriculum that is standardized by the MOHSW. The CBD curriculum includes background on family planning, safe motherhood, child survival, sexually transmitted infections (STIs)/HIV/AIDS, male involvement, adolescent reproductive health, and gender violence. CBDs also receive in-depth training on male and female reproductive systems, communication, and advocacy surrounding adoption of reproductive health behaviors.	CBRCHS Workers CBRCHS workers receive various trainings based on the implementing partner NGO. All partners use curricula that have been approved by the Reproductive and Child Health Department of the MOHSW. There is not yet a national standardized training curriculum.	CCAs Information unavailable		
14	Do the CHWs receive comprehensive training for all of their responsibilities at once, or is training conducted over time? How does this impact their ability to deliver services?		ith sessions lasting a week or tv lles among partner organization	vo at a time, depending on CHV is.	V responsibilities. There is a		

15	Please note the health services provided by the various cadre(s) of CHW, as applicable (i.e. who can provide what service).	HBC Workers HIV information and education; HIV testing and counseling (HTC); ART adherence counseling; disclosure issues; referral for HIV treatment; side effects management for ART; provision of HBC for common illnesses experienced by PLHIV, including diarrhea; palliative care; pediatric care; supportive counseling; and nutrition counseling. HBCs refer clients for family planning services. Some HBC are also trained as CBDs and therefore provide the same family planning services as a CBD.			CBRCHS Worke Family planning; chilincluding supporting immunization campdetecting diarrhea opneumonia cases, and distributing oral refisolution (ORS); proantenatal visits and up on referrals for women; and malaria services. CBRCHS workers a provide IEC surrouintegrated child and reproductive health messages in their community.	d health g aigns, or nd ydration moting following pregnant a	Malaria prevention education including correct use of LLINs; correct treatment-seeking and case management behaviors; the importance of intermittent preventive treatment for pregnant women; and acceptance of indoor residual spraying (IRS) in targeted areas.	
16	Please list which family planning services are provided by which cadre(s), as applicable.	CBDs and CBRCHS workers a service is provided for the pre benefits of condoms is not inc a need is identified; however, i	evention of luded). Ad	HIV and STIs, not as ditionally, HBC work	a family planning met ers do refer clients to	hod (i.e. co	ounseling on the contraceptive	
				CBDs	СВІ		CBRCHS Workers	
	Information/education			condoms, oral pills, intrauterine devices	ills, injectables, oral pil i <u>ces</u> (IUDs), implants, permar		ty awareness methods, condoms, ills, injectables, IUDs, implants, anent methods, and emergency aception	
				Fertility awareness methods, condoms, and oral pills		Condom	s and oral pills	
		Method provision		Condoms and oral pills		Condoms and oral pills		

				Injectables, IUDs, implants, emergency contraceptives, and permanent methods		Fertility awareness methods, injectables, IUDs, implants, emerge contraceptives, and permanent methods	
17	Do CHWs distribute commodities in their communities (i.e. zinc tablets, FP methods, etc.)? Which programs/products?	HBC Workers Condoms (for HIV prevention), ORS, and provide HIV testing in the community. CBD Age Condoms a		gents CBRCHS Worke Condoms, oral pills, and malaria prophyl		, ORS,	CCAs Not applicable
18	Are CHWs paid, are incentives provided, or are they volunteers? Please differentiate by cadre, as applicable.	CHWs across all projects are volunteers. Most CHWs receive allowances for their work, such as a travel allowance, or compensation allowance as incentives. Allowances range from about US\$10 -US\$45 per month. The two most common allowances in Tanzania are equivalent to about \$12.35 or \$30.90 per month.					
19	Who is responsible for these incentives (Ministry of Health (MOH), NGO, municipality, combination)?	The incentives CHWs receive are primarily provided by the implementing partner NGO or organization. The local government authority that oversees the local District Health Services also contributes a small amount to CHW incentives. In some districts, CHWs are exclusively paid allowances by the District Health Center.					
20	Do CHWs work in urban and/or rural areas?	Based on the information available, CHWs in Tanzania work primarily in rural areas.					
21	Are CHWs residents of the communities they serve? Were they residents before becoming CHWs (i.e. are they required to be a member of the community they serve)?	Based on the information available, CHWs are required to be a member of the community they serve.					
22	Describe the geographic coverage/catchment area for each CHW.	Due to the differences between international NGOs and their respective projects, the catchment area varies. In general CHWs serve 10-50 households.					
23	How do CHWs get to their clients (walk, bike, public transport, etc.)?	CHWs walk or use a bicycle to	CHWs walk or use a bicycle to reach their clients.				

24	Describe the CHW role in data collection and monitoring.	CHWs' role in data collection varies significantly across implementing NGO and project. Some HBC and CBRCHS workers use a standard reporting system set up by the partner NGO. However, most CHWs complete a household diary or a checklist that is submitted to and analyzed by the partner NGO. The MOHSW is in the process of developing a standardized reporting tool. Some CHWs do not collect data or keep records.

IV. MANAGEMENT AND ORGANIZATION

25	Does the community health program have a decentralized management system? If so, what are the levels (state government, local government, etc.)?	Yes. Given that all community health programs are managed separately by implementing NGOs and projects, the implementation is decentralized. However, these NGOs are responsible for reporting to government health units at various levels and the government is involved in supervision of the CHWs.
26	Is the MOH responsible for the program, overall?	Yes. Implementing NGOs must gain approval of the MOHSW and report to the government and MOHSW at the various levels.
27	What level of responsibility do regional, state, or local governments have for the program, if any? Please note responsibility by level of municipality.	The district level provides leadership and support, facilitates collaborations between NGOs and the MOHSW, and ensures successful project implementation. The district level is also responsible for CHW supervision. At the regional level, the Regional Health Management team provides technical support to the district in coordinating and supervising the CHW program.
28	What level of responsibility do international and local NGOs have for the program, if any?	NGOs implement their own CHW programs. Many are based in several regions, but none are in all regions. International NGOs often operate through local community-based organizations (CBOs) at the district level that carry out the CHW work. All NGOs work with the district-level government to coordinate their activities with the MOHSW.
29	Are CHWs linked to the health system? Please describe the mechanism.	CHWs receive supervision at the ward-level health centers or by a health facility nurse at the local health center or dispensary. Currently, the government has health units dedicated to community health within various programs, such as maternal and child health (MCH) and HIV and AIDS programs. The MOHSW is currently finalizing a national community health program.
30	Who supervises CHWs? What is the supervision process? Does the government share supervision with an NGO/NGOs? If so, please describe how they share supervision responsibilities.	All NGO-implemented programs are required to supervise their CHWs, and have their own systems in place for doing so. Supervision also occurs at a MOHSW health facility.
31	Where do CHWs refer clients for the next tier of services? Do lower level cadres refer to the next cadre up (of CHW) at all?	CHWs refer clients to the dispensary in each village. If a health center or hospital is closer, they will refer a client there instead. Policy states that CHWs should refer to the nearest facility.

32	Where do CHWs refer clients specifically for FP services?		HBC Workers	CBDs	CBRCHS Workers	CCAs
	Please note by method.	Standard days method (SDM)/FAM	Nearest health center or CBDs	Not applicable	Not applicable	Nearest health center
		Condoms	Not applicable	Not applicable	Not applicable	Nearest health center
		Oral pills	Nearest health center or CBDs	Not applicable	Not applicable	Nearest health center
		Intramuscular Depo-Provera (DMPA (IM))	Nearest health center or CBDs	Nearest health center	Nearest health center	Nearest health center
		Implants	Nearest health center or CBDs	Nearest health center	Nearest health center	Nearest health center
		IUDs	Nearest health center or CBDs	Nearest health center	Nearest health center	Nearest health center
		Permanent methods	Nearest hospital or CBDs	Nearest hospital	Nearest hospital	Nearest hospital
		Emergency contraception	Nearest health center or CBDs	Nearest health center	Nearest health center	Nearest health center
33	Are CHWs linked to other community outreach programs?	Yes. Management Syst	tems International (MSI) a	nd Jhpiego outreach progr	rams are linked to CHWs.	
34	What mechanisms exist for knowledge sharing among CHWs/supervisors?	Knowledge sharing occurs during supervisory visits and through refresher trainings.				
35	What links exist to other institutions (schools, churches, associations, etc.)?	In light of the differing projects, linkages to other institutions are dependent on the partner organizations that the CHWs work for.				
36	Do vertical programs have separate CHWs or "share/integrated"?			ety of services; most are voot uncommon for a CHW		

37	Do they have data collection/reporting systems?	CHWs collect data for the program they are working for. However, NGOs are not required to share this data with the MOHSW.
38	Describe any financing schemes that may be in place for the program (e.g. donor. funding/MOH budget/municipal budget/health center user fees/direct user fees).	The various CHW cadres are funded through NGOs, and thus, donor activities. The Government of Tanzania through the Local Government Authorities contributes funds for some of the CHW programs in some Districts; this amount varies and is not standard.
39	How and where do CHWs access the supplies they provide to clients (medicines, FP products, etc.)?	CHWs access supplies from the ward level health facility during their monthly visit with their MOHSW supervisor. Additionally, some organizations have an arrangement with the MOHSW so that supplies can be requested through national distribution systems. Some organizations order their own supplies.
40	How and where do CHWs dispose of medical waste generated through their services (used needles, etc.)?	CHWs do not currently engage in activities that generate medical waste.

V. POLICIES

41	Is there a stand-alone community health policy? If not, is one underway or under discussion? Please provide a link if available online.	Tanzania does not have a stand-alone community health policy. However, a community health policy has been drafted and will be presented in the 2014 Fiscal Year (beginning July I, 2013 to officials in the MOHSW). The draft policy, the National Community Based Health Care (CBHC) Program Policy Guidelines, will create a formal cadre of CHWs, with supervision through a government-coordinated program that is implemented by local Village Health Committees and partners. The new cadre of CHWs will provide an essential package of services tied to primary health care, including family planning services.
42	Is the community health policy integrated within overall health policy?	The proposed policy is intended to be incorporated into the existing health policy.
43	When was the last time the community health policy was updated? (months/years?)	As of August 2013, the policy is still in draft stage.
44	What is the proposed geographic scope of the program, according to the policy? (Nationwide? Select regions?)	Nationwide.
45	Does the policy specify which services can be provided by CHWs, and which cannot?	The policy does not specify which services can be provided, but dictates a general standard package of services. The CHW cadre will provide the following services: • Preventive care and health promotion surrounding HIV and family planning services • Curative care for minor ailments • Palliative care, and care and support for clients who need rehabilitative services
46	Are there any policies specific to FP service provision (e.g. CHWs allowed to inject contraceptives)?	Yes, the current policy, National Guidelines for Initiating and Managing Community Based Reproductive and Child Health Services 2005, stipulates which family planning services can be provided by CHWs. The policy is currently being updated. The new Family Planning Guidelines and Standards 2013 states that CHWs may provide natural methods in addition to condoms and oral pills.

VI. INFORMATION SOURCES

Killew, Japhet, et al. 2012. Community Health Workers' Training and Deployment in Tanzania. A Review of PEPFAR Funded Programs, Pangea Global AIDS Foundation / Muhimbili University of Health and Allied Sciences.

Lasway, Christine. Unpublished communication. November 2013.

Ministry of Health and Social Welfare (MOHSW), Republic of Tanzania. 2005. Guide for Training Trainers and Supervisors of Community Based Distributors of

Reproductive and Child Health Services. Dar es Salaam: MOHSW.

Ministry of Health and Social Welfare (MOHSW), Republic of Tanzania. 2005. National Guidelines for Initiating and Managing Community Based Reproductive and Child Health Services. Dar es Salaam: MOHSW.

Ministry of Health and Social Welfare (MOHSW), Republic of Tanzania. 2008. National Guidelines for Implementation of Community-Based Health Initiative (Draft). Dar es Salaam: MOHSW.

Ministry of Health and Social Welfare, Republic of Tanzania. 2013. National Family Planning Guidelines and Standards. Ministry of Health and Social Welfare. Available at <a href="https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=9&cad=rja&ved=0CHEOFjAl&url=http%3A%2F%2Fwww.rchs.go.tz%2Findex.php%2Fen%2Fdownloads%2Fdoc_download%2F132-national-family-planning-guidelines-and-standards-2013.html&ei=wHOTUv-wNbPlsASX
ICYCA&usg=AFQjCNHDfBiwrTFfToN5wz2wzRgVU6kBmA&sig2=RANeZmo1SpusVEhBq7RVwA&bvm=bv.56988011,d.cWc (accessed November 2013).

Nangawe, Elihuruma, and B. J. Humplick. 2012. Stakeholders' Meeting on Community Health Workers' Initiatives. Bagamoyo: MOHSW, Republic of Tanzania.

van Praag, Eric, Rowland Swai, Gottlieb Mpangile, et al. 2009. *Implementing the Continuum of Care for HIV: Lessons Learned from Tanzania*. fhi360, for the Ministry of Health and Social Welfare, Republic of Tanzania and World Health Organization.

van Praag, Eric. Unpublished communication. November 2013.

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VII. AT-A-GLANCE GUIDE TO TANZANIA COMMUNITY HEALTH SERVICE PROVISION

Please check the box for the components provided by CHWs, by cadre, and for the services/products listed. Please add additional columns for additional cadre as needed, as well as additional services/products if any are missing.

Intervention			Home-Based (Care Providers		Community-Based Family Planning Distributors			
Family Planning	Services/Products	Information/ education	Counseling	Administered and/or provided product	Referral	Information/ education	Counseling	Administered and/or provided product	Referral
	SDM/FAM				X (provide general referrals, not method specific)	х	х		
	Condoms	X (HIV education)	×	х		×	×	х	
	Oral pills					×	×	×	
	DMPA (IM)					×			х
	Implants					×			х
	IUDs					х			х
	Permanent methods					х			Х
	Emergency contraception					х			х

		¥		Υ.			¥	
HIV/AIDS	Voluntary counseling and testing (HIV) (VCT)	×	×	×	×	×		
	ART	×			×			
	Prevention of mother-to-child transmission (of HIV) (PMTCT)	×			×			
мсн	Misoprostol (for prevention of postpartum hemorrhage - PPH)							
	Zinc							
	ORS	х		х	х			
	Immunizations							
Malaria	Bed nets							
	IRS							
	Sulphadoxine- pyrimethamine (for treatment of uncomplicated malaria) (SP)							

Intervention		Co	ommunity-based Child Health Se	d Reproductive a ervices Workers	ınd	Сон	nmunity Chang	e Agents for Ma	laria
Family Planning	Services/Products	Information/ education	Counseling	Administered and/or provided product	Referral	Information/ education	Counseling	Administered and/or provided product	Referral
	SDM/FAM				Х				
	Condoms	Х	Х	Х					
	Oral pills	Х	Х	Х					
	DMPA (IM)	Х			×				
	Implants	Х			Х				
	IUDs	Х			Х				
	Permanent methods	×			×				
	Emergency contraception	×			×				
HIV/AIDS	VCT	×			×				
	ART								
	PMTCT	Х			×				
мсн	Misoprostol (for PPH)								
	Zinc								
	ORS	Х		Х					
	Immunizations	Х							
Malaria	Bed nets	Х				х			
	IRS					х			
	SP	х		Х		Х			

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